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Biliary T-Tube Drainage

A Simple Method

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NO FULLY SATISFACTORY METHOD for draining bile into a collection bottle from a T-tube placed in the common bile duct has yet been presented. If it is large, the drainage tube may be so heavy that it pulls the T-tube out of the common duct or out of the abdominal wound; and sometimes a patient's thrashing about in bed immediately after operation will cause the T-tube to become dislodged. To prevent such an occurrence, some surgeons keep a covering of dressings over the T-tube for a day after operation. Usually the dressings become bile-soaked and irritation of the skin of the abdomen results. Some observers have recommended attaching a small bottle directly to the T-tube and keeping it in place with dressings. With this method, however, bile is likely to spill from the bottle onto the bed as the patient turns from side to side. For several years I have used a simple system that serves well yet avoids the dangers and inconveniences mentioned.

After completion of the operation, the T-tube is attached to a plastic intravenous tubing set such as is ordinarily used to administer fluids. The proximal end of the set is detached by cutting the tube with scissors. The distal end, which has a needle adapter, readily fits into the T-tube (Figure 1). After it is attached to the T-tube, which is fixed to the abdominal wall with either sutures or adhesive strapping, the long intravenous tubing is brought

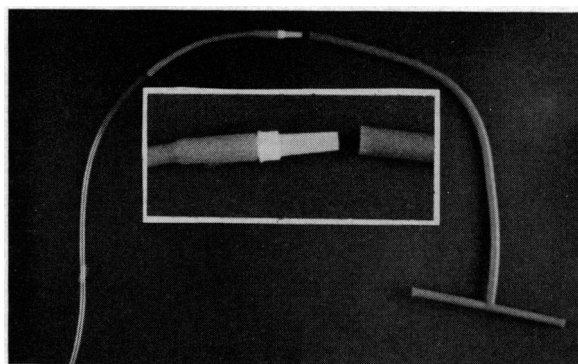


Figure 1.—Plastic intravenous tubing with needle adapter (inset) fits readily into the distal end of T-tube. Tubing photographed (Vacoset V-14) was supplied by Don Baxter, Inc., Glendale.

out from beneath the dressings and is allowed to hang over the side of the bed to a collecting bottle. Being both light in weight and long enough to permit the patient a good deal of freedom of motion without drawing it taut, the plastic tubing does not put traction on the T-tube. Even should the patient inadvertently pull directly on the plastic tubing, the traction separates it from the T-tube at the point of attachment. When the patient rises to walk about, the plastic tubing can be coiled and the distal end placed into a small collecting bottle pinned to the abdominal dressing, and when he returns to bed it can be uncoiled and the end put into a drainage bottle at the side of the bed again.

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